

09/05/12 11:00:13 INCLUDE: OPEN
po330-1s ONLY LATE: no

SUMTER COUNTY BOCC
PURCHASE ORDERS STATUS

Page 1
mcgregor

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME		REQ	ORIGINAL	OPEN AMT	EXPENSED					
55255	0	09/05/12	09/05/12	5183	LEESBURG REGIONAL MED CENTER									
Line Description				JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd		
1. HCRA PATIENT #1216200067						1.00	.00	.00	1.00	1,390.76	1,390.76	.00		
				001-220-564-3406		HEALTH CARE RESPONSIBILITY ACT								
				*** TOTALS ***							1,390.76	1,390.76	.00	
55256	0	09/05/12	09/05/12	5183	LEESBURG REGIONAL MED CENTER									
Line Description				JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd		
1. HCRA PATIENT #1217100014						1.00	.00	.00	1.00	14,463.56	14,463.56	.00		
				001-220-564-3406		HEALTH CARE RESPONSIBILITY ACT								
				*** TOTALS ***							14,463.56	14,463.56	.00	
55295	0	09/05/12	09/05/12	7797	SYSCO IOWA, INC									
Line Description				JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd		
1. REFUND FL SALES TX-05 CHEV TRK						1.00	.00	.00	1.00	1,218.00	1,218.00	.00		
				124-208100		SALES TAX PAYABLE								
				*** TOTALS ***							1,218.00	1,218.00	.00	
				*** GRAND TOTALS *** #PO's							3	17,072.32	17,072.32	.00

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

NO 55255

BOARD OF SUMTER COUNTY COMMISSIONERS

7375 POWELL ROAD

PHONE: 352-689-4400

WILDWOOD, FLORIDA 34785

TO

[Leesburg Regional Medical Center
Po Box 850001
Orlando, FL 32885-0500

] DATE August 27, 2012

DEPT. Community Services

] BY *[Signature]*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001-220-564-3406		2	Patient Control # 1216200067 Services Rendered 6/10/2012 to 6/12/2012 HCRA Case File # 11-12/ 136 T Barnhill Applicable Medicaid Daily Reimbursement Rate: \$869.22 Applicable HCRA - 80% \$695.38 Number of Hospitalization Days 2 Inpatient Amount due from Sumter County	695.38	1,390.76
TERMS:				TOTAL	1,390.76

DELIVER TO: _____

BOARD OF SUMTER COUNTY COMMISSIONERS

AUTHORIZED BY: _____

NOTE: ONLY ORIGINAL INVOICES
WILL BE CONSIDERED FOR PAYMENT

DISTRIBUTION:

BLUE COPY - TO BOARD OF COUNTY COMMISSIONERS
WHITE - TO VENDOR
CANARY COPY - TO DEPARTMENT HEAD
GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

THIS IS TO CERTIFY THAT THE ABOVE GOODS WERE RECEIVED AND THAT THEY WERE OF THE QUANTITY AND QUALITY ORDERED AND PAYMENT FOR SAME IS HEREBY APPROVED.

BY: *[Signature]* DATE: 8-27-12

OFFICER OR DEPT. HEAD

1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
2. PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
3. EACH SHIPMENT MUST BE COVERED BY A SEPARATE INVOICE
4. THE COUNTY OF SUMTER IS EXEMPT FROM STATE SALES AND USE TAX AND FEDERAL EXCISE TAXES. STATE SALES AND USE TAX CERTIFICATE NUMBER 85-8012622366C-3.

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

N^o 55256**BOARD OF SUMTER COUNTY COMMISSIONERS**

7375 POWELL ROAD

PHONE: 352-689-4400

WILDWOOD, FLORIDA 34785

TO

August 27, 2012

[Leesburg Regional Medical Center
Po Box 850001
Orlando, FL 32885-0500

] DATE _____

DEPT. Community Services[BY [Signature]]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001-220-564-3406		12	Patient Control # 1217100014 Services Rendered 6/19/2012 to 7/11/2012 HCRA Case File # 11-12/ 162 J Engelsen Applicable Medicaid Daily Reimbursement Rate: \$869.22 Applicable HCRA - 80% \$695.38 Number of Hospitalization Days 12 Inpatient This rate effective from 6/19 to 6/30 Amount due from Sumter County	695.38	8,344.56
		10	Applicable Medicaid Daily Reimbursement Rate: \$764.87 Applicable HCRA - 80% \$611.90 Number of Hospitalization Days 10 Inpatient This rate effective from 7/1 to 7/11 - Excludes discharge day Amount due from Sumter County	611.90	6,119.00
					14,463.56
			TERMS:	TOTAL	

DELIVER TO: _____

BOARD OF SUMTER COUNTY COMMISSIONERS

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BY: _____ DATE: 8/27/12

OFFICER OR DEPT. HEAD

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

NO 55295

BOARD OF SUMTER COUNTY COMMISSIONERS

7375 POWELL ROAD

PHONE: 352-689-4400

WILDWOOD, FLORIDA 34785

TO**[**

Sysco Iowa, Inc.
P. O. Box 874
Attention: Jim Gradwell
Des Moines, IA 50304-0874

]

DATE August 29, 2012

DEPT Building Services

]

BY

Marlene Taylor

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
124-208100			Refund of Florida Sales Tax on Surplus Sales		
			Auction # 766781 - 2005 Chevy Colorado Truck	581.00	581.00
			Auction # 766763 - 2005 Chevy Colorado Truck	637.00	637.00
			Customer mailed a cashier's check #0848400307 that included the bid price, commission price, and the Florida sales tax price. The customer is in the State of Iowa and according to the attached backup documentation, Iowa does not pay sales tax; however, must pay a registration fee but will do so in Iowa. Therefore this refund is due back to the customer.		
			TERMS:		
				TOTAL	1,218.00

DELIVER TO: _____

BOARD OF SUMTER COUNTY COMMISSIONERS

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OFFICER OR DEPT. HEAD

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